

PUTNAM VALLEY HIGH SCHOOL  
146 Peekskill Hollow Rd, Putnam Valley, NY 10579 (845) 526-7847

# DRIVER EDUCATION



## SPRING PROGRAM

LEARN TO DRIVE SAFELY  
SENIOR DRIVING PRIVILEGES AT 17  
LOWER INSURANCE PREMIUMS\*

\*CALL YOUR COMPANY FOR DETAILS

APPLICATIONS AVAILABLE  
IN THE MAIN OFFICE OR SCHOOL WEBSITE

*EARLY REGISTRATION MEANS BEST CHOICE OF TIMES!*

ORGANIZATIONAL MEETING: Tuesday January 23<sup>rd</sup>, 2018 5:30pm room 214.

TOTAL COST: \$515.00

*Approved for Distribution & Website:*

A handwritten signature in blue ink, appearing to read "Frances Wills".

*Dr. Frances Wills, Supt. of Schools*

**PUTNAM VALLEY HIGH SCHOOL DRIVER EDUCATION PROGRAM  
APPLICATION/CONSENT SLIP**

146 Peekskill Hollow Road, Putnam Valley, NY (845) 526-7847

Today's Date: \_\_\_\_\_

**Student's Name, Address, Date of Birth and Permit/License # MUST BE EXACTLY as they appear on the permit/ license. The DMV will NOT Convert your Junior License to a Senior License if this information is not correct.**

			Male ( ) Female ( )
_____ Last	_____ First	_____ Middle	_____ Date of Birth
_____ Number	_____ Street		_____ Home Phone / _____ Student Cell Phone
_____ City	_____ State	_____ Zip Code	_____ E-Mail Address
<b>PERMIT/LICENSE NUMBER:</b> _____			
(Required by February 9 <sup>th</sup> include copy of permit / license with application) Name of Full-Time High School _____			

**DRIVING PREFERENCES**

Please indicate your top 3 driving preference days (1, 2 & 3) plus the earliest time you could be there to start driving. From these choices you will be assigned to a driving class. Lecture times will be assigned. Driving and lecture sessions are 90 minutes each and will be conducted for approximately 16 weeks from the start of the program. Please be aware that student registration priority and teacher availability may limit some choices.

- ( ) Monday \_\_\_\_\_ ( ) Tuesday \_\_\_\_\_ ( ) Wednesday \_\_\_\_\_  
 ( ) Thursday \_\_\_\_\_ ( ) Friday \_\_\_\_\_ ( ) Saturday \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION AND CONSENT**

I give my child permission to be enrolled in the aforementioned driver education program.

\_\_\_\_\_  
Parent/Guardian (Print Name)      **Parent/Guardian (Signature)**      \_\_\_\_\_  
Date

EMERGENCY CONTACT INFO: \_\_\_\_\_  
Name      Phone

**IMPORTANT INFORMATION**

- 1) The spring program starts the week of February 12<sup>th</sup> and will be conducted for approximately 16 weeks.
- 2) Fee for the program is \$515. Please make check payable to **Putnam Valley Central School District** and bring it together with the completed application, **signed by a parent or guardian**, to the **Main Office**. The deadline for submission of the application and the full payment of \$515 is on September 20th.
- 3) Payment is required with this application. After 2 weeks from the start of the program, no refunds will be issued.**
- 4) Students **MUST** complete all requirements by the end of the semester.
- 5) Course requirements and assignments will be provided at the mandatory **Organizational meeting on Tuesday January 23<sup>rd</sup>, 2018 5:30pm room 214.**
- 6) Driving instruction is provided by PAS Auto School (914) 332-7700.

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.**

ASSIGNED DRIVING TIMES	_____ Day	_____ Time	_____ Teacher
ASSIGNED LECTURE TIMES	_____ Day	_____ Time	_____ Teacher
PAYMENT _____	CHECK # _____	DATE _____	
PR _____	DA _____	PU _____	PA _____